

Case Number:	CM15-0132601		
Date Assigned:	07/20/2015	Date of Injury:	08/08/2008
Decision Date:	08/14/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old male with an industrial injury dated 08/08/2008. His diagnoses included chronic low back pain with referred pain to the left leg, status post lumbar 4-5 surgery, lumbar spondylosis and right hand numbness probably due to carpal tunnel. Prior treatment included lumbar epidural steroid injection, chiropractic care, diagnostics, surgery and medications. He presents on 06/16/2015 for follow up. He reported that he hit his shoulder against the side of his house and his primary physician gave him some Ultram which was quite helpful. He reports his pain is 5/5 without medications and is a 3.5/5 with medications. His neck pain and back pain are constant. With the medication he is able to do some household chores. Physical exam revealed tenderness over the lumbar paraspinal muscle and the cervical paraspinal muscles. He had pain with range of motion of his back. Bilateral sitting straight leg raising is positive for back pain. He walks with a cane. Treatment plan included changing medication to Hydrocodone to use with Ultram 300 mg at bedtime. The request is for Hydrocodone 7.5 mg quantity 120.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Hydrocodone 7.5 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for over a year without significant improvement in pain or function. There was intermittent change to Vicoprofen as well. No one opioid is superior to another. There was no mention of Tricyclic or Tylenol failure. The continued and chronic use of Hydrocodone is not medically necessary.